

DIRECT DEPOSIT INFORMATION

PRIVACY ACT STATEMENT

Authority: 5USC 5701.37 USC 404-127, EO 9397.31 USC 3322.31 CFR and/or 210.

Principal Purpose(s): Used for reviewing, approving, accounting and disbursing for official travel, SSN is used to maintain a numerical identification system for individual claims. The information is confidential and is needed to prove entitlement to payment. The information will be used to process payment data from the Federal agency to the financial institution and/or its agents.

Routine Use(s): To substantiate claims for reimbursement for official travel

Disclosure: Voluntary, however, failure to furnish information requested may result in total or partial denial of amount claimed and may delay or prevent the receipt of payments through the EFT/DDS programs.

Name: _____ SSN: _____
(Print: Last, First, MI)

Unit: _____ Pay Grade: _____

Work Phone: _____ Home Phone: _____

Your home street address, city and zip code:

For EFT/DDS payments please provide the following information:

Account Type (checking or savings): _____

Account Number: _____

Account Title: _____
(The depositor's name on the account at the Financial Institution. Must include employee name)

Financial Institution's Routing Transit Number: _____
(RTN available on the bottom of your checks or from your financial institution)

Financial Institution's Name: _____

Signature: _____ Date: _____

*** THIS FORM MAY BE USED FOR SUBMISSION TO EITHER PSD BETHESDA
(FOR DIRECT DEPOSIT OF AT/IDTT TRAVEL PROCEEDS) OR NRC ADELPHI
(FOR DIRECT DEPOSIT OF DRILL PAY) ***